ARM Lawyers

Debtor Questionnaire

https://tinyurl.com/ARMBkyDocs

We have helpful videos to walk you through this questionnaire. Visit our website!



Debtor 1:	Debtor 2:
Name	Name
Phone number	Phone number
((
Email	Email
Birthday	Birthday SSN
Prior Bankruptcies?	Prior Bankruptcies?
(Past 8 years) If yes, please list:	(Past 8 years) If yes, please list:
Yes Date Filed:	Yes Date Filed:
No	No
State/District Filed:	State/District Filed:
Marital status (check one)	How many people in the household?
Single	
Married	List all dependents
Divorced	Relationship Age
Separated	
RTANT: ler to file your Bankruptcy Petition and Schedules in a refashion, we NEED this Questionnaire as well as the ments included on the attached document checklist. We set file your Bankruptcy without these documents. JRE TO PROVIDE THE ADEQUATE AND NECESSARY JMENTATION CAN RESULT IN THE DISMISSAL OF R BANKRUPTCY. (YES, YOU WILL HAVE TO SEARCH THESE DOCUMENTS - THE TRUSTEES WILL	

Debtor 1 Residen	: tial Address		Debtor 2 (if different): Residential Address				
City,	State	Zip	City,	State	Zip		
How long have you lived here?			How long have you lived here?				
Do you own or rent?			Do you o	own or rent?			
(ave a mortgage t, you own your house.		Own *If you h paymen	ave a mortgage t, you own your house.		
F	Rent Rental A	mount:	F				
1 st mort	gage company		2 nd mort	gage compar	ny		
Monthly	/ mortgage pay	ment	Monthly	mortgage pa	ayment		
Current	balance		Current	balance			
Arrearage		Arrearage					
Foreclos	sure pending?		Foreclos	ure pending	?		
Yes			Yes				
No			No				
Sheriff s	ale date		Sheriff sale date				
_							

Vehicle 1	Vehicle 3			
Year Make Model	Year Make Model			
Mileage	Mileage			
Condition	Condition			
Finance or Lease Company	Finance or Lease Company			
Monthly payment	Monthly payment			
Balance	Balance			
Vehicle 2	Vehicle 4			
Make Model Year	Make Model Year			
Mileage	Mileage			
Condition	Condition			
Finance or Lease Company	Finance or Lease Company			
Monthly payment	Monthly payment			
Balance	Balance			

Personal Items Use yard sale estimates for value unless you have an appraisal. If so, use appraised value. **Household goods** Description Value **Electronics** Description Value **Collectibles of value** Description Value Jewelry Description Value **Clothing** Description Value **Pets** Description Value **Sporting & hobby equipment** Description Value **Firearms** Value Description

Add all open accounts and accounts closed within the last year.

Checking account 1	Checking account 2
Bank	Bank
Account number	Account number
Balance	Balance
Date closed (if applicable)	Date closed (if applicable)
Bank Address:	Bank Address:
Savings account 1	Savings account 2
Bank	Bank
Account number	Account number
Balance	Balance
Date Closed (if applicable)	Date closed (if applicable)
Bank Address:	Bank Address:
Money market account	Brokerage account
Bank	Bank
Account number	Account number
Balance	Balance
Date closed (if applicable)	Date closed (if applicable)
	-
Bank Address:	Bank Address:

Cash on hand	
Retirement or pension account 1 Type	Retirement or pension account 2 Type
Institution name	Institution name
Value	Value
Life insurance 1 Type	Life insurance 2 Type
Institution name	Institution name
Value	Value
List amounts for any of the following that y	you're owed:
Expected tax refund	Property settlement
Past due alimony	Divorce settlement
Past due child support	Unpaid wages
Past due spousal support	Unpaid wages

Type of employment income Full or part time	Type of non employment income Unemployment
☐ Seasonal/contract	□ Pension
☐ Self employment	□ Retirement
Occupation	☐ Child/family support
	☐ Social Security
Length of employment	☐ Disability (from employer)
	☐ Interest or dividends
Company name	□ Royalties
	☐ Property/rental
Company address	☐ Alimony/ maintenance
	How often are you paid?
City, State Zip	
	Net income per pay
How often are you paid?	
Net income ner nav	

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Occupation	☐ Child/family support
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Length of employment	☐ Disability (from employer)
	☐ Interest or dividends
Company name	□ Royalties
	☐ Property/rental
Company address	☐ Alimony/ maintenance
	How often are you paid?
City, State Zip	
	Net income per pay
How often are you paid?	
Net income ner nav	

Monthly Expenses Please list monthly estimated amounts for each expense listed Add all expenses that are not deducted from your pay.

Home insurance	Dental expenses
Property taxes	Dental prescriptions
Condo/HOA fees	Vision expenses
Home repairs/upkeep	Vision prescriptions
Electric	Glasses
Heat/gas	Contacts
Water/sewer/trash	Health insurance
Phone/cable/internet	Tax payments
Cell phone	Life insurance
Groceries	401(k) payments
Personal care products	Car Insurance
Hair cuts	Gas (for vehicle)
Cleaning/laundry	Oil changes/maintenance
Clothing	Daycare/babysitter
Recreation	School expenses
Medical expenses	Child support/alimony
Medical prescriptions	Charity/tithes

Statement of Financial Affairs

1. During the	last 3 years, nave you i	ived anywhere other than	i where you live now?
Yes	No		
If so, list all	addresses you have had	in the past 3 years and da	tes you resided there:
Street Address,	City, State, Zip Code		Dates Resided There
	last 8 years, did you ev), LA, NV, NM, PR, TX, V		community property state?
Yes	No		
If so, provid	le the following information	on:	
Spouse's Name	Street Address, City,	, State, Zip Code	Dates Resided There
	_	ployment or from operatines? (W2 income, 1099 inco	ng a business during this yea ome, K1 income, etc.)
Yes		ployed, self-employed or own a information would be on you	a business you MUST answer this rax returns or W2/1099.
Debtor 1		Debtor 2	
Current cal	endar year:	Current calenda	r year:
	lar year:	l aat aalamdan u	ear:
	dar year:		ear:
4. Did you re	ceive any other income		wo previous calendar years
Yes	No		
Debtor 1		Debtor 2	
Current cal	endar year:	Current calenda	ar year:
Last calend	lar year:	Last calendar y	ear:
Prior calend	dar year:		/ear:

Yes _	No If so	o, please provide t	he following:	
reditor		Payment Amount	Payment Dates within the last 90 days	Type of Loan (mortgage, car, credit card)
		\$		
		\$		
		\$		
If so, please d	escribe below the name	e, relationship, add	Iress, and payment am	ount below:
If so, please d	escribe below the name	e, relationship, add	Iress, and payment am	ount below:
	escribe below the name	e, relationship, add	Iress, and payment am	Payment Amou
		• •	Iress, and payment am	Payment Amou
		• •	Iress, and payment am	Payment Amou
7. Within 1 year members, aff	Relationship before you filed for ba	Address ankruptcy, did you business partner	u pay any debts of an	\$ \$ y friends, fam
7. Within 1 year members, aff Yes If so, please d	before you filed for bailiated businesses, or No escribe below the name	Address ankruptcy, did you business partner	u pay any debts of an	Payment Amount \$ \$ y friends, fame and the second
7. Within 1 year members, aff	before you filed for bailiated businesses, or	Address ankruptcy, did you business partner	u pay any debts of an	\$ \$ y friends, fam

8. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? (foreclosures, debt collection suits, etc.)

Plaintiff	Defendant	Docket Number	Court Location	Result of Suit	Nature of Case

for	eclosed, garn	ished, at	tached, se	bankruptcy, wa eized, or levied? bank account.			
	_Yes	_ No					
Who receiv	ed the money/pro	perty? Am	ount taken or	property taken	[Date(s)	Гуре of debt
pro and	pperty for pay other official?	ment to	creditors	inkruptcy, was such as a cour	t-appoi	nted receiver, a	_
	_ Yes	_ No	If so, pleas	e describe:			
	•	•		ankruptcy, did y ly members, or	_		
	_ Yes	_ No					
If s	o, please indic	ate who re	eceived the	gift, the amount	, and the	e date.	
Who receiv	ed the gift/contrib	ution?	Amount giv	en/donated	С	Date(s)	
	e anything be	cause of	theft, fire,	ankruptcy or signification other disaster,	or gaml	bling? urance pay for part o	
pa	•	ner than		nkruptcy, did yo yers) for bankr	•	•	•
Date	Name		Address			Attorney, Paralega or Other?	l, Amount Paid

-	-	-	sed to help you d onsolidation, mor	-			payments to
Date	Name		Address		Servi	ce Provided	Amount Paid
an	y property to	anyone	ou filed for bankro other than prope old a house, car)		•	•	
	Yes	No	If so, please des	cribe:			
	ithin 10 years which you a	_	ou filed for bank ficiary?	ruptcy, did y	ou transfer	any prope	rty to a trust
	Yes	No	If so, please des	cribe:			
	ithin 1 year b counts or in	•	u filed for bankru s?	ptcy, did yοι	ı close, sell	, or move a	ny financial
	Yes	No	If so, please des	cribe:			
18. No	ow or within	the last y	ear, have you had	d a safe depo	osit box or s	storage uni	t?
Name of fa	acility	Address			Property Sto	red	Value of Property
40.5							
			any property that ing for, or hold ir			iclude any	property you
	Yes	No	If so, please des	cribe:			
en	-	law, and	rdous material or d/or have you ha ll law?				_
	Yes	No	If so, please des	cribe:			
	-	-	ou filed for bankr der, member, etc		ou own or o	operate a bi	usiness as an
Name of B	Business	Location o	f Business	Nature of Business	EIN	Dates of Operation	Name of Accountant

14. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf

Document Checklist

This checklist is a handy tool that will help you keep track of the required documents that you submit to your attorney's office. Any missing information may delay your bankruptcy filing. Original documents should always be kept in a safe place where you can easily find them.

Subn	nitted to	Attorney	Documents
YES	NO	N/A	
			Six months of paycheck stubs. Continue to send new pay stubs up until the day your case is filed
			Other income documents: rental income statements, 401K distributions, Insurance Claims, Workers' Compensation, Unemployment, Contributions to Household, Pensions, etc.
			Recorded Mortgage and deeds for all property
			Most recent mortgage statement and lender address
			Property tax bill (if not included in mortgage payment) and Homeowners' Association statement
			Titles and registrations for all vehicles
			Most recent auto loan/lease statements
			Copies of any lawsuits filed within the past two years
			Any documents relating to a "disabled veteran" status

Submitted to Attorney			Documents	
YES	NO	N/A		
			Be sure to list any creditors not on your	
			credit report on the section following this	
			list.	
			Most recent statements from all student loans	
			All personal and business contracts and	
			agreements: Security agreements,	
			rental agreements, lease agreements, auto loan	
			contracts, etc.	
			Itemized list of all business assets with estimated market values	
			market values	
			All documents relating to retirement accounts	
			showing account administrator,	
			current balance and enrollment date: IRAs,	
			401Ks, etc.	
			Driver's license or state identification card and	
			social security card	
			Copies of all life insurance policies	
			Separation agreements or decrees of divorce	
			within the past year	
			Appraisals made within the past year for all real	
			property or printout of fair market values	
			available online at Zillow.com	
			Documents verifying interest in any future	
			property such as a Will or Probate	
			Case	
			Current appraisals for jewelry, collectibles	
			or other valuable assets	
			Any additional proof of assets or debts	

Additional Creditors

Please use the space below to list the names, addresses and approximate amount of debt owed to any creditors who are NOT listed on your credit report, such as medical debt